



Activity Registration



Household LAST NAME

Household FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

☐ VISA☐ MC

Email address: _____

☐ CASH☐ CHECK

CHECK # : _____

REC'D BY: _____

PARTICIPANT INFORMATION

Participant First Name	Last Name	DOB	gender	Grade 2016-2017 school year	Coach	Help coach
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

TOTAL FEE: _____

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program

SIGNATURE: _____

DATE: _____



2016 5-6th Grade Volleyball League



Registration Deadline is September 1

T-Shirt Size: YS YM YL AS AM AL AXL

Check ✓	Grade for 2016/2017 school year	Day	Time	Activity #	Fee
	5th Grade	Practices start Sept 13 Games-Weds. Starting October 5th	TBD	201500-H3	\$35
	6th Grade	Practices start Sept 13 Games-Weds. Starting October 5th	TBD	201500-H3	\$35
	Team Sponsorship	Business Name _____ Shirt Color _____	Contact _____ Phone # _____	201500-H4	\$150- \$250